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### EDITORIALS

*Editorial opinions expressed are those of the writers.*

#### Leprosy Comes of Age<sup>1</sup>

Unamuno wrote that the glory of medicine belongs to those who discover the secret of some disease, not to those who apply the discovery with greater or lesser luck.<sup>2</sup> Although medical science is advanced enough in knowledge of leprosy to treat the disease effectively, the application of that knowledge cannot be left to luck, and the patient needs the medicine more than the glory thereof. Good therapeutic tools for leprosy have been available for three decades even though drug resistance gives some troubles. Delivery of treatment to the patient has emerged as the most difficult part of the problem, made more so by the chronicity of the infection and by the many faces or masks leprosy wears or has worn in the past.

Historically, leprosy has never been a single disease, sometimes not a disease at

all. Bishop Pontoppidan, in 1755, spoke of "three sorts of leprosy," one of which he identified as the disease we know.<sup>3</sup> He related scurvy, a blood relative, and wrote that scabies may be called a leprosy. The word will never die of literary neglect, ranging as a disease of the soul in the Old Testament, appearing as poor Henry's affliction in the 1190s, and recently reborn as a "leprosy of lust" by Updike.<sup>4</sup> It supplies a concept of despicable humanity, not necessarily a disease.

Abandonment of derogatory attitudes toward leprosy (stigmas) may be more advanced than appears, but amid the noisy acclamations for heart transplantation and test tube babies, poor leprosy is left far behind.

Curiously enough, leprosy holds little real interest for the intelligent layman or for the average practitioner of medicine. In private life, the leprologist seeking to enlighten his fellow men—even in direct response to inquiry—quickly loses his audience without horror pictures to show. The straightforward, unemotional bulk of the leprosy story soon drives the listener to the television screen. He is not eager to be enlightened or to have his mental image of leprosy revised.

<sup>1</sup> Read in part before the XI International Leprosy Congress at Mexico City, 13–18 November 1978 under the title "The several faces of leprosy."

<sup>2</sup> De Unamuno, M. *Abel Sanchez: the History of a Passion*, A. Kerrigan, tr. In: *Ten Modern Short Novels*, L. Hamalian and E. Volpe, eds., New York: G. Putnam Sons, 1958, pp. 277–372.

<sup>3</sup> Pontoppidan, E. *The Natural History of Norway*, A. Linde, tr., London: 1760.

<sup>4</sup> Updike, J. From the journal of a leper. *The New Yorker* 52 (1976) 28–31.

Efforts to create a broad interest in the social problems of leprosy have been effective in the field of public health, especially within that element directly involved in the disease. Impact elsewhere has been limited. *Elephantiasis graecorum* (as a name for leprosy) arose in the second century, to flourish many hundreds of years within the profession, never among laymen. As a forerunner of the eponymic "Hansen's disease," it effectively bypassed the stigma of leprosy. Perhaps, as Unamuno remarked, it was "something like the doctors' habit of giving names to something they can't cure."<sup>2</sup>

Whereas acronyms abound within medical jargon, almost creating a lingua franca, eponyms are out of current fashion, leaving "Hansen's disease" editorially awkward, convertible into many foreign tongues with difficulty. While providing a sharp stimulus to social improvements in leprosy, the social impact is only one of leprosy's many faces, which can improve the most along with the others, not by itself alone.

Heaping poxes and plagues upon our enemies, once popular pejoratively, is no longer a practice. When diseases which enjoyed those names became treatable and preventable, the fever subsided. The pest that was once the plague is now a minor annoyance or an insect feeding upon our garden roses.

The time has come to emphasize that leprosy is now effectively treatable, even if not perfectly so. This needs to be publicly exaggerated.

Substantially a rural disease with an impoverished face, the deficit in securing treatment to the patient remains enormous.

In the rich man's country, leprosy is really not much of a problem, medically or socially. But where poverty and poor roads prevail, delivery of adequate care in rural regions, where most leprosy is to be found, requires heavy financing and mobility. The personnel can be found. More than a thousand of the dedicated registered at the recent XI International Leprosy Congress in Mexico City, 13-18 November 1978. Although leprosy is far from eradication, money, medicine, and time can eliminate social difficulties where they exist.

The treatment of patients in specialized hospitals or clinics needs to be abandoned in favor of care for the patient in his own community. This is an obviously strong statement, when speaking of communities where little of any kind of medicine is available for anything. Yet the open hospital is enough for short term patient care, the dermatological or surgical clinic for the outpatient, the nursing home for the invalid.

Leprosy ceases to be communicable when adequately treated, no more transmissible than acute appendicitis. Let the patient's habitation be strictly within, not outside, the camp. The leprosarium, which began in the 9th century, flourished in the Middle Ages, but has become an outdated type of facility. With the correct assignment of leprosy to general medicine, much of its incongruous social face should vanish.

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